

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 5

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. § 1396d(o)

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 400,000 25,000

b. FFY 2001 \$ 100,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Page 12

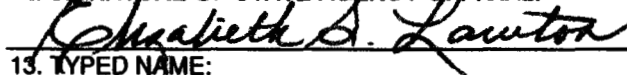
10. SUBJECT OF AMENDMENT:

Nursing facility residents receiving hospice services.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Elizabeth S. Lawton

14. TITLE:

Commissioner

15. DATE SUBMITTED:

July 3, 2000

16. RETURN TO:

Elizabeth S. Lawton  
Commissioner  
Bureau for Medical Services  
Room 251, 350 Capitol Street  
Charleston, WV 25301-3706

17. DATE RECEIVED: 7/10/00

18. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/00

19. TYPED NAME: CLAUDETTE V. CAMPBELL

20. REMARKS:

State West Virginia

## 4.19 Payments for Medical and Remedial Care and Services

18. a. Hospice Reimbursement - General

Payment for hospice care is made at one of four predetermined Medicare rates for each day in which an individual is under the care of the hospice. These rates are established by Medicare for the hospice, and will apply to payment for Medicaid recipients who are not eligible for Medicare. The Medicare rates are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Medicaid pays the Medicare coinsurance for dually eligible individuals.

b. Nursing Facility Residents

When hospice care is furnished to a Medicaid recipient residing in a nursing facility the hospice is paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility. This additional amount paid to the hospice must equal 95 percent of the per diem rate that would have been paid by Medicaid for that individual. The amount of reimbursement will be a "daily rate" that is 95 percent of the facility per diem rate together with the Medicaid adjustment for the acuity of the Medicaid recipient.

The hospice is responsible for "room and board" which includes performance of personal care services, including assistance in the activities of daily living, in socializing activities, administration of medications, maintaining cleanliness of the resident's room, and supervising and assisting in the use of durable medical equipment and prescribed therapies.

c. Limitations on Payment for Inpatient Care

Limitation on payment for inpatient care will be calculated according to the number of days of inpatient care furnished to Medicaid patients. During the 12 month period, beginning November 1 of each year and ending October 31, the aggregate number of inpatient (both for general inpatient care and inpatient respite care) may not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid recipients during that same period.

TN No. 00-05  
supersedes  
TN No. 95-02

Approval Date SEP 7 2000Effective Date 7/1/2000